Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN SMALL ENTITY	
T	OTAL CLAIMS	3	Ų.				[RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	4 minus 20=		*	4		XS 9=		OR	X\$18=	
IN	DEPENDENT C	LAIMS	l m	inus 3 =	*	2		X43=	 	1	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT	L					 	OR	7.00-	
* 11	the difference	e in column 1 is	less than 7	ero enter	"O" io	nolumn 2	' [+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	
		(Column 1)	AMENDEL	Colum) - C		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I	
$\overline{}$		I CLAIMS	i	HIGHE		T	7		ADDI- TIONAL			
AMENDMENT A		REMAINING AFTER		NUME	BER	PRESENT EXTRA		RATE			RATE	ADDI- TIONAL
		AMENDMENT		PAID F		EXTRA			FEE			FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
AME	Independent	*	Minus	***		-	[X43=		OR	X86=	
L	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=			+290=	
•								T173-		OR	+250=	
								TOTAL		OR	TOTAL	-
		Αl	DDIT. FEE			ADDIT. FEE	<u> </u>					
(Column 1) (Column 2) (Column 3)												
æ		CLAIMS REMAINING		HIGHE NUMB		DOCCENT		ADDI-]		ADDI-	
		AFTER	ì	PREVIOU		PRESENT EXTRA	RATE	TIONAL.	J	RATE	TIONAL	
Z		AMENDMENT	}	PAID F		EXIFA			FEE	1 1		FEE
AMENDMENT	Total	*	Minus	**	<u> </u>	=		VS O	,	ĺĺ	V610	'
	Independent	*	Minus	***		=	┨┝	X\$ 9=		OR	X\$18=	<u> </u>
AN	FIRST PRESENTATION OF MULTIPL			ENDENT (<u> </u>	╽┟	X43=		OR	X86=		
								+145=		OR	+290=	•
						AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT FEE		
(Column 1) (Column 2) (Column 3)												
	`	CLAIMS		HIGHE	ST ER	PRESENT			4001	ſ		4001
ပ		REMAINING	ł	NUMBI			i I		ADDI-	ł		ADDI-
		AFTER	i	PREVIOL		EXTRA		RATE [TIONAL	- 1	RATE	TIONAL
回		AMENDMENT		PAID F	OR		L		FEE			FEE
AMENDMENT	Total	*	Minus	** .		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		ı	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/,-02		OR	700-	
• Make antonin and the district that the state of the sta								+145= _,		OR	+290=	•
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OR TOTAL ADDIT. FEE												
	t the "Highest Nui The "Highest Num	mber Previously Pa ber Previously Paid	id For" IN THIS d For" (Total or	S SPACE is I Independen	less thai it) is the	n 3, enter "3." highest number			opriate box			